UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	IT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	· · · · · · · · · · · · · · · · · · ·	3			
Sandra L. Liese 401-348-1396 B. E-MAIL CONTACT AT FILER (optional)					
, , , , , , , , , , , , , , , , , , , ,]			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
The Washington Trust Company, of Westerly	1				
Attn: Small Business Lending 23 Broad Street					
Westerly, RI 02891	1				
1a. INITIAL FINANCING STATEMENT FILE NUMBER				LING OFFICE USE	
201008763340		This FINANCING STATE (or recorded) in the REA Filer: <u>allect</u> Amendment Ad	L ESTATE REC	ORDS	-
TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated w	ith respect to the security intere	et(s) of Secure	Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected or	b, <u>and</u> address of collateral in item 8	Assignee in Item 7c and name	of Assignor in It	em 9	·
4. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Sec	cured Party auth	orizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			· <u>-</u>		
CHAN	e of these three bo IGE name and/or a is or 6h: and liem 7	ddress: CompleteADD nar	me: Complete ite	m DELETE name: to be deleted in i	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan			, 1111111111111111111111111111111111111		Carros Carros
Beach Rose Bicycles, Inc.					
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME ADDITI		TIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ton Change - provide o	nh ann mann /2a ar 7h) (una avent 6-8 n			She Debted come)
7a. ORGANIZATION'S NAME	on charge - promos o	my WE I desire (10 or 10) (see dages, remin	ane, do nos onac, nac	usy, or abbreviate any part or	tile Debitor's Intelliery
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		· · · · · · · · · · · · · · · · · · ·			SUFFIX
7c. MAILING ADDRESS	CITY		STATE POS	STAL CODE	COUNTRY
) colleteral	DELETE collateral	RESTATE covere	ed collateral A	SSIGN collateral
Indicate collateral:					
A MANUE OF RECURED PARTY OF RECORD AND ADDRESS OF THE ADDRESS OF T					
	VIENDMENT: Pro- name of authorizing		name of Assignor	r, If this is an Assignmen	nt)
98. ORGANIZATION'S NAME The Washington Trust Company, of West	terly				
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL N	NAME(S)/INITIAL(S)	SUFFIX
	İ		1		1
10. OPTIONAL FILER REFERENCE DATA:	<u> </u>		<u>L., </u>		<u> </u>